



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Request for Proposals

To establish  
**Teen Pregnancy Prevention Programs**  
within community organizations located in **the state of Mississippi.**

**Offered by:**

**Personal Responsibility Education Program (PREP)**  
**Mississippi State Department of Health**  
**Office of Preventive Health**  
**P.O. Box 1700**  
**Jackson, MS 39215**

**Request for Proposal Release Date: Friday, March 2, 2012**

**Email of Intent Due: Monday, March 12, 2012**

**Request for Proposal Due: Friday, March 30, 2012**

**Notification Date: Monday, April 16, 2012**

**Start Date: May 1, 2012**

**Contact:**

**Kina Johnson, Deputy Bureau Director,**  
**Personal Responsibility Education Program,**  
**(601) 576-7781 or E-mail: [Kina.Johnson@msdh.state.ms.us](mailto:Kina.Johnson@msdh.state.ms.us)**

The Mississippi State Department of Health (MSDH) is pleased to announce the availability of grant funding for the Personal Responsibility Education Program (PREP) to be awarded to community-based organizations in order to implement an abstinence-plus, evidence-based Teen Pregnancy Prevention Program. The purpose of this funding opportunity is to increase access for the youth of Mississippi to medically-accurate information on sexual health and personal responsibility issues through the use of community-based curriculum approved by the MSDH.

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## **A. BACKGROUND**

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Mississippi is recognized as a rural state with all 82 counties having areas federally designated as medically underserved (Find Shortage Areas: MUA/P by State and County, 2009). This vast rural geographic area includes a population of less than three million people spread across some 47,000 square miles within the state. The National Center for Health Statistics' 2009 State Profiles identifies the state of Mississippi as having the highest rates of infant mortality, low birth weight, premature birth, teenage births, and percentage of births to unmarried mothers (NCHS State Profiles 2009: Mississippi, 2009).

Mississippi ranks highest in the nation for teen birth rates among girls ages fifteen to nineteen, with over 40% of all live births in Mississippi occurring to teenage mothers (Teenage Vital Statistics Data, 2009). The rate of young girls who become pregnant in Mississippi each year is alarming. In 2008, there were 8,528 teenage pregnancies in Mississippi girls between the ages of 10 and 19, with 7,310 of the pregnancies resulting in live births. Of these live births, 2,058 were live births to teens that had previous pregnancies and 1,702 births were to teens that had prior live births (Teenage Vital Statistics Data, 2009). Over half of the teens who were pregnant in 2008 had been pregnant previously. These data suggest a pattern of unsafe sexual behaviors resulting in unintended pregnancy or infection and subsequent health and socioeconomic challenges for Mississippi adolescents. In 2009, childbearing among Mississippi teens less than 19 years of age cost taxpayers at least \$155 million and, of those costs, more than half were state and local expenses (Economic Impact of Teen Births in Mississippi Study, Mississippi Economic Policy Center, 2011).

The Mississippi State Department of Health (MSDH) is committed to promoting the healthy development of all children and adolescents in the state. To accomplish the goal of reducing unintentional pregnancy and sexually transmitted disease rates among teens statewide, the MSDH is implementing a teen pregnancy prevention program, Creating Healthy and Responsible Teens (CHART). The purpose of CHART is to decrease risky sexual behaviors. The CHART desires for 75% of program participants to report increased (and accurate) knowledge of abstinence, sexually transmitted disease, birth control, and health behavior choices.

## **B. AVAILABILITY OF FUNDING**

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MSDH is soliciting applications for Personal Responsibility Education Programs (PREP) in the state of Mississippi. Funding for these programs is made possible by the U.S. Department of Health and Human Services, Administration for Children and Families. The legislative authority for this announcement is Section 2953 of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, which adds a new Section 513 to Title V of the Social Security Act, to be codified at 42 U.S.C. § 713, authorizing the Personal Responsibility Education Program (PREP). This funding announcement instructs applicants on how to apply for Fiscal Year 2012 funding.

### **Project Period**

The project period is May 1, 2012, to June 30, 2013.

### **Eligibility**

- Applications will be accepted from public or private not-for-profit organizations, for-profit organizations, and existing coalitions
- Applicants must demonstrate organizational commitment to the proposed effort
- Applicants must be willing to share resources and lessons learned with the MSDH
- Applicants must agree to fulfill all expectations for participation
- **Applicants must have sufficient financial resources available to meet program deadlines without advance payment from MSDH. Reimbursement will be provided for services and materials upon delivery and receipt of monthly itemized invoices.**

### **Funding**

The PREP Program will provide a maximum of fifteen (15) sub-grants to community-based organizations (CBO) whose target population includes middle and high school youth. The total grant award is \$5,000 of which \$1,500 will be used as a stipend for the instructor. Funds will not be released if activity is not conducted within the stated timeframe, resulting in a forfeiture of the allotted funds. The remaining \$3,500 may be used by the organization to purchase program supplies. All items must be approved prior to purchase and funds will be released upon submission of required documentation.

### **Funding Purpose**

Funds must be used for a program designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and three adulthood preparation subjects that will be chosen by MSDH.

### **Project Awards**

PLEASE NOTE: The program awards are contingent upon receipt of federal funds.

### **Target Population**

Mississippi school-age youth (12-19 years).

## **C. GRANT REQUIREMENTS**

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All grant recipients must participate in all training and technical assistance meetings and events provided by MSDH. MSDH Regional Field Specialists will provide ongoing technical assistance throughout the grant project to ensure that desired outcomes are met. A budget with justifications for the stipend, supplies and equipment must be submitted with applications.

### Funded sites will be required to:

1. Adopt policies: As a pre-requisite for participating in the CHART Initiative, the nonprofit Advisory Board of the CBO shall adopt the CHART Abstinence-Plus Policy for Community-Based Organizations or an abstinence-plus policy that is substantially similar.
  - a. The CBO will provide MSDH with a copy of its adopted policy as well as the minutes from the meeting at which the policy was adopted.

- b. The CBO shall immediately notify the MSDH of any changes to its abstinence-plus policy.
2. Select an intervention: The CBO will select an intervention from the list of CHART – approved MSDH curricula (see Appendix E). The CBO will also,
  - a. Use the Centers for Disease Control and Prevention’s Health Education Curriculum Analysis tool (HECAT) to determine which approved curricula is the “best fit” for the CBO; and
  - b. Notify MSDH of its selection(s) through the prescribed process.
3. Document Adulthood Preparation Subjects Plan of Action: PREP requires each program provider to teach at least three Adulthood Preparation Subjects. To document fulfillment of this requirement, the CBO will sign and return the Adulthood Preparation Subjects Plan of Action Addendum to the CHART Initiative’s Implementation Milestones Plan.
4. Participate in training and support: The CBO shall participate in all trainings and technical assistance meetings required for effective implementation of the CHART Initiative including, but not limited to,
  - a. An orientation meeting for participating school districts and CBOs;
  - b. All relevant curriculum trainings corresponding with the CBO’s selected curricula; and
  - c. Periodic, regional technical assistance meetings offered by the MSDH.
5. Implement with fidelity: The CBO will implement all components of the CHART Initiative with fidelity as described by the CHART Initiative’s District Implementation Guide.
  - a. The CBO will submit its Implementation Milestones Plan to MSDH no later than 60 days from execution of the Memorandum of Understanding.
6. Report: The CBO will comply with all PREP reporting requirements whether monitored by MSDH or the Department of Health and Human Services (HHS).
7. Evaluate: The CBO shall participate in the statewide PREP evaluation managed by MSDH.

#### **D. EMAIL OF INTENT**

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Prospective applicants are asked to submit an **email of intent** by Monday, **March 12, 2012** to **Kina Johnson** at [kina.johnson@msdh.state.ms.us](mailto:kina.johnson@msdh.state.ms.us) that includes the following information:

- Name of Organization
- Name, address, email, and telephone number of project director or contact person

## E. APPLICATION REQUIREMENTS

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Below you will find the required order for the application components. Please follow this order when submitting an application. Use each of the listed items as headings throughout the application. A detailed description of the content for each component follows the table. All proposals will be carefully reviewed by a select group of MSDH staff members and partners. Each component will be scored for the extent to which it meets the criteria below based on the number of points available:

<b>Application Order:</b>	<b>Points Available</b>
1. Cover Sheet (applicant form and MOU; see Appendices A and B)	5
2. Table of Contents	5
3. Target Population/ Implementation Plan (see Appendix D)	10
4. Program Description	30
5. Project Evaluation	20
6. Organization/Agency Structure	10
7. Organization/Agency Capability	10
8. Budgets for Federal Funds (written summaries plus budget forms)	10
<b>TOTAL POSSIBLE APPLICATION POINTS</b>	<b>100</b>

1. **Cover Sheet:** Form and Instructions found in Appendices A and B.
2. **Table of Contents:** Provide a table of contents that includes all of the 1-8 items listed in the table and the corresponding page numbers.
3. **Target Population/Implementation Plan:**  
Target Population: The applicant should describe the proposed target population in detail and demonstrate how and why the population was chosen as well as how many youth the program plans to teach and evaluate throughout the grant period.  
Implementation Plan: Applicants are required to develop an implementation plan based on the program and need for reaching the proposed target population. The implementation plan must be provided for the period of May 1, 2012-June 30, 2013.

The required components of the Implementation Plan are:

- a. program-specific goal statement(s);
- b. up to six outcome objectives that clearly state expected results or benefits of the proposed intervention linked with the goal statement(s);
- c. multiple process objectives related to the processes or activities of the program;
- d. multiple steps to reach each objective;
- e. expected outcomes of each objective;
- f. evaluation method for each objective; and
- g. start and end dates for each objective.

[Please see Appendix D for example of Implementation Plan Table format.](#)

A goal is a general statement of what the project expects to accomplish. It should reflect the long-term desired impact of the project on the target group(s) as well as reflect the program goals contained in this RFP.

An objective is a statement which defines a measurable result that the program expects to accomplish. All proposed objectives should be *specific, measurable, achievable, realistic, and time-framed* (S.M.A.R.T.):

- *Specific:* An objective is to specify one major result directly related to the program goal, state that it is going to be doing what, to whom, by how much, and in what time frame. It must specify what will be accomplished and how the accomplishment will be measured.
- *Measurable:* An objective must be able to describe in realistic terms the expected results and specify how such results will be measured.
- *Achievable:* The accomplishment specified in the objective must be achievable within the proposed time line and as a direct result of program activities.
- *Realistic:* The objective must be reasonable in nature. The specified outcomes- i.e. expected results- must be described in realistic terms.
- *Time-Framed:* An outcome objective must specify a target date or time frame for its accomplishments.

Outcome objects, i.e. S.M.A.R.T. objectives related to the outcomes of the program, must be supported with several process objectives related to the processes or activities of the program. The goal(s) statement, outcome objectives, and process objectives should ultimately lead to the achievement of the overall program goal(s).

4. **Program Description:** This section should include a summary of the chosen program activities and a detailed description of the program that will be implemented to meet goals and objectives.
5. **Project Evaluation:** The project evaluation section should specifically describe how the applicant will assess successes and weaknesses of project implementation and the extent to which the project is achieving its goals and objectives. Specifically describe what will be measured, the types and sources of data that will be collected, how often data will be collected, and by whom. The applicant should also describe the type of analysis that will be done, how findings will be used to inform decisions about possible program revisions, and reports or products that will be developed.
6. **Organizational Structure:** This section should provide an overall description and structure of the applicant organization. Include an organizational chart and a description of how this project fits into the overall organizational structure.
7. **Organizational Capacity:** The applicant should describe the organizational experience (both programmatic and financial) that qualifies it to manage the project.

The organization should specifically describe prior history of working with youth, working with teen pregnancy prevention education, other related expertise and experience, and prior grant experience. Applicants should identify and describe the qualifications, experience, roles, and responsibilities of the project director and all project staff. Include resumes for the staff who will be working with PREP.

8. **Budget Spreadsheet:** Please complete Appendix C and include a budget justification narrative that describes the use of each requested line item for the MSDH PREP Grants Program.

## **F. ADDITIONAL BUDGET INFORMATION**

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Suspension or Termination of Funding: The MSDH may suspend, terminate or impose other funding sanctions, in whole or in part, on a grantee/contractor for the following reasons;

- Failure to substantially comply with the requirements of Section 513 to Title V of the Social Security Act;
- Failure to make satisfactory progress toward goals or objectives set forth in the application;
- Failure to adhere to award agreement requirements or special conditions;
- Proposing substantial plan changes that, if originally submitted, would have resulted in the application not being funded;
- Failure to submit reports in a timely manner;
- Filing a false certification in an application or other report or document; or
- Other reasonable cause shown.

Prior to the imposition of sanctions, the MSDH will provide reasonable notice to the awardee of its intent to impose a sanction and informally attempt to resolve the problem.

## **G. ADDITIONAL PROGRAM REQUIREMENTS**

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1. Reports: Funded programs will be required to biannually submit Project Reports on program activities and numbers served. These reports shall be submitted to the MSDH by December 31, 2012 and June 30, 2013 of the fiscal award period. Programs will also be required to submit Expenditure Report Forms on a quarterly basis (October, December, March, and June). Additional information regarding report formats and deadlines will be provided to funded projects.
2. Content, materials and curricula presented in community projects funded with MS PREP monies must be medically accurate and may NOT contain or promote ANY religious information, references, or instruction (See Appendix E).
3. Funded project staff must be formally trained in the evidence-based model they select. MSDH will provide training and technical assistance through the funding period.
4. Funded Projects will be required to participate in site visits conducted by the PREP Director up to two times per year. The site visits will monitor project activities and ensure compliance with federal and state requirements.



## **H. PROCESS FOR SELECTION**

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All proposals will be carefully reviewed by MSDH and its partner organizations and scored numerically based on the application requirements. Please see Section E table above.

## **I. SUBMISSION OF APPLICATION**

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**Please submit the completed application package by mail or email on or before the close of business on March 30, 2012.**

### **Format Requirements:**

- The narrative portion of the application, components 3-8 on page 6 of this RFP, should not exceed 30 single-sided, double-spaced pages.
- The narrative must be formatted to 8 ½" x 11" letter-size pages with 1" or larger margins on top, bottom, and both sides. The font should be no less than Times New Roman 12 pt or Arial 10 pt.
- All pages, charts, figures, and tables in the entire application must be numbered.

**Number of Copies:** Include one unbound original document and one unbound duplicate document with all attachments. If submitted by email, attach one full electronic copy in Microsoft Office Word format.

**(1) Mail:** Attn: Kina Johnson, Deputy Bureau Director  
Personal Responsibility Education Program (PREP)  
Mississippi State Department of Health  
Office of Preventive Health  
P.O. Box 1700, Jackson, MS 39215

**(2) Email:** [kina.johnson@msdh.state.ms.us](mailto:kina.johnson@msdh.state.ms.us)

## Appendix A: Applicant Form

### APPLICATION FOR MISSISSIPPI PERSONAL RESPONSIBILITY PROGRAM FUNDS FISCAL YEAR 2012 COVER SHEET

1. Applicant Agency Name, Mailing Address, Phone and Fax:	2. Name, Telephone, and Email of Contact Person:
3. Target Population	4. Geographical Area Covered: (Check one)  ___ State ___ County (Specify) _____ ___ City (Specify) _____ ___ Other (Specify) _____
5. Type of Implementing Agency:  ___ Public Non-Profit ___ Private Non-Profit ___ Government Agency (Schools) ___ Other _____	6. Federal Tax Identification Number:
7. Funding Amount Requested:	
8. Program Director:	
9. Medical Accuracy: By signing this application cover letter, the _____ provides assurance that the materials and instruction used will follow the Department of Health and Human Services definition of medical accuracy.	
10. Signatures:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           _____            Authorizing Official                      Date         </div> <div style="width: 45%;">           _____            Program Director                      Date         </div> </div>	

## Appendix B: Memorandum of Understanding (MOU)

### MEMORANDUM OF UNDERSTANDING BETWEEN THE MISSISSIPPI STATE DEPARTMENT OF HEALTH AND THE

<INSERT NAME OF COMMUNITY-BASED ORG>

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#### As Cooperative Partners for Implementing the Provisions of the Creating Healthy and Responsible Teens (CHART) Initiative Funded by the Personal Responsibility Education Program (PREP) Grant

This is a Memorandum of Understanding (MOU) between the Mississippi State Department of Health (MSDH) and <INSERT NAME OF COMMUNITY BASED ORG>, a community-based organization (CBO) in Mississippi. This MOU describes the responsibilities of MSDH and the CBO for implementing the Creating Healthy and Responsible Teens (CHART) Initiative, a project funded by the Personal Responsibility Education Program (PREP) grant.

#### Jointly

Both MSDH and the CBO understand the need to partner together in efforts to improve the health and well-being of children and youth in Mississippi. Mississippi's communities and schools are facing constantly evolving challenges that can impact the health, well-being, and educational achievement of youth. Although we have seen some reductions in the prevalence of youth risk behaviors over the last 10 years, Mississippi still has a significant number of youth that engage in risky behaviors, such as unprotected sex. As a consequence, Mississippi ranks number one in the nation for teenage births. Teens represent 70% of the cases of Chlamydia and gonorrhea in the state (MSDH, 2009). Community-based organizations provide an environment conducive to the delivery of effective health education and promotion and a setting where community agencies can collaborate with schools and parents to address critical health behaviors and provide needed services.

Both MSDH and the CBO are committed to an *open and cooperative relationship* that will be maintained by the program staff and administration directly involved in this initiative. This relationship will be marked by continual communication.

#### Mississippi State Department of Health

MSDH will serve as the manager of the CHART Initiative and the administrator of the PREP grant funds. In this role, MSDH will provide the following resources to participating community-based organizations (CBOs):

1. Curricular Materials: Using PREP funds, MSDH will provide curricular materials—manuals, workbooks, and necessary supplies—to CBOs to conduct CHART-approved interventions with children in the school-age population.

2. Training: MSDH PREP staff will train representatives of participating CBOs in all topics necessary to implement the CHART Initiative. At a minimum, these trainings will include an orientation for CBO leadership and relevant curriculum training.
3. Support: MSDH PREP staff will provide technical assistance and support to participating CBOs throughout the grant term. Technical assistance will be most intense in the first year of implementation and will decrease over time as CBOs reach full implementation and sustainability of the interventions. Technical assistance will include:
  - a. On-site support provided by a Regional Field Specialist;
  - b. Regional meetings for best practice sharing with area school districts and CBOs;
  - c. State-level conferences or meetings about CHART;
  - d. Periodic conference calls or check-in phone conversations with MSDH staff; and
  - e. Assistance requested by the CBOs.

### **Local Educational Agency**

The CBO will serve as the local program provider for the CBO's selected CHART-approved intervention. In this role, the CBO will adhere to the following assurances:

1. Policy Adoption: As a pre-requisite for participating in the CHART Initiative, the non-profit board of the CBO shall adopt the CHART Abstinence-Plus Policy for Community-Based Organizations or an abstinence-plus policy that is substantially similar.
  - d. The CBO will provide MSDH with a copy of its adopted policy as well as the minutes from the meeting at which the policy was adopted.
  - e. The CBO shall immediately notify MSDH of any changes to its abstinence-plus policy.
2. Intervention Selection: The CBO will select an intervention from the list of CHART-approved MSDH curricula. The CBO will
  - a. Use the Centers for Disease Control and Prevention's Health Education Curriculum Analysis Tool (HECAT) to determine which approved curricula is the "best fit" for the CBO; and
  - b. Notify MSDH of its selection(s) through the prescribed process.
3. Adulthood Preparation Subjects Plan of Action: PREP requires each program provider to teach at least three Adulthood Preparation Subjects. To document fulfillment of this requirement, the CBO will sign and return the Adulthood Preparation Subjects Plan of Action Addendum to the CHART Initiative's Implementation Milestones Plan.
4. Training and Support: The CBO shall participate in all trainings and technical assistance meetings required for effective implementation of the CHART Initiative including, but not limited to,
  - a. An orientation meeting for participating school districts and CBOs;
  - b. All relevant curriculum trainings corresponding with the CBO's selected curricula; and
  - c. Periodic, regional technical assistance meetings offered by the MSDH.
5. Implementation with Fidelity: The CBO will implement all components of the CHART Initiative with fidelity as described by the CHART Initiative's District Implementation Guide.

- a. The CBO will submit its Implementation Milestones Plan to MSDH no later than 60 days from execution of this Memorandum of Understanding.

6. Reporting: The CBO will comply with all PREP reporting requirements whether monitored by MSDH or the Department of Health and Human Services (HHS).

7. Evaluation: The CBO shall participate in the statewide PREP evaluation managed by MSDH.

### **Understanding and Agreement**

Both MSDH and the CBO understand this agreement shall be valid for the specified period subject to the availability of funds, evidence of satisfactory progress towards the goals and objectives stated in the CHART District Implementation Guide, and compliance with the terms of this agreement. This agreement may be terminated before the established expiration date by either party, upon sixty (60) days written notice to the other. If not terminated earlier by such notice, this agreement will terminate on the date specified in this agreement.

The terms of this agreement may be amended by mutual written consent of either agency.

This memorandum will become effective on the **<DATE EXECUTED>**, and will terminate on June 30, 2013.

\_\_\_\_\_  
*Signature*

Mary Currier, MD, MPH  
State Health Officer  
Mississippi State Department of Health

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Executive Director/President/CEO  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Board Chairperson  
\_\_\_\_\_

\_\_\_\_\_  
Date

## Appendix C: Budget Spreadsheet

Description of Expense	TOTAL
<b>Personnel</b>	<b>\$1,500</b>
Stipend paid to	
<b>Operating Expense</b>	
<b>Equipment/Office Supplies</b>	
<b>Miscellaneous</b>	
<b>TOTAL</b>	

- Include a separate **budget justification (written narrative)** which describes the use of each requested line item for the Mississippi State Department of Health PREP Grants Program.

**Appendix D:  
Implementation Plan Format Example**

**a. Program Goal Statement:**

<b>b. <u>Outcome Objective #1:</u></b>					
<b>c. Process Objectives</b>	<b>d. Activities/Steps</b>	<b>e. Expected Outcome</b>	<b>f. Tracking/Evaluation Method</b>	<b>g. Start Date</b>	<b>h. End Date</b>

## Appendix E: Intervention Curricula

### Evidence-Based and Effective Program Models:

The law states that personal responsibility education programs are required to “replicate evidence-based effective programs or substantially incorporate elements of effective programs that have been proven on the basis of rigorous scientific research to change behavior, which means delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth.”

**Sub-awardee applicants are required to implement one of the following 3 approved evidence-based programs.**

1. ***Promoting Health Among Teens (PHAT)! Comprehensive:*** A comprehensive intervention that provides youth with information about abstinence, safer sex practices, pregnancy prevention, and the prevention of HIV and sexually transmitted infections (STIs). It is designed to improve awareness and knowledge about HIV/STIs, increase understanding of how abstinence can prevent pregnancy, STIs and HIV, as well as strengthen behavioral beliefs that support condom use, and build refusal and negotiation skills for practicing abstinence as well as for effective use of condoms. The target audience is young African American, Hispanic, and White adolescents, age 13-18 who attend schools or youth-serving community-based programs.

The intervention consists of 12 modules, and is structured around group discussions, videos, games, brainstorming activities, skill-building and experiential exercises. Four of the modules are targeted specifically to encouraging abstinence, four are targeted to encouraging condom use, and the other four cover general content related to HIV/STD knowledge.

2. ***Becoming a Responsible Teen:*** (B.A.R.T.) is an HIV prevention curriculum primarily for African American adolescents, ages 14-18, in non-school, community-based settings. It consists of eight sessions, 1.5 to 2 hours each, and includes interactive group discussions and role plays that have been created by teens. Teens learn to "spread the word" to their friends about HIV risks. They are encouraged to practice skills outside the group and share the results. The group provides creative solutions to reported problems.

Although the focus of *BART* is HIV/AIDS prevention, the curriculum includes topics and activities relevant to teen pregnancy prevention. Teens learn to clarify their own values about sexual decisions and pressures as well as practice skills to reduce sexual risk-taking. These include correct condom use, assertive communication, refusal techniques, self-management, and problem solving. Also, abstinence is woven throughout the curriculum and is discussed as the best way to prevent HIV infection and pregnancy.

3. ***What Could You Do?*** An interactive video intervention aimed at increasing young women's ability to make less risky sexual health decisions. The video includes vignettes during which viewers are presented with specific options to choose from related to sexual behaviors. The intervention is designed to increase knowledge of STDs, decrease sexual risk behaviors, and decrease STD acquisition among female high school students. *What Could You Do?* is suitable for use in physician and clinic offices. It may be suitable for use in schools provided there is privacy for the viewer as some of the material is graphic in nature.



### **Adult Preparation Subjects:**

In addition to replicating one of the above program models, sub-awardees are required to address at least three of the following adulthood preparation subjects:

1. ***Healthy relationships***, such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage (where applicable), and family interactions.
2. ***Adolescent development***, transition to adulthood that can occur between ages 8 to 24 which encompasses cognitive, emotional, social, sexual, identity formation, and growth.
3. ***Educational and career success***, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and work-place productivity.
4. ***Healthy life skills***, such as goal-setting, decision making, negotiation, communication, interpersonal skills, and stress management.

If the above adult preparation subjects are not addressed in the evidence-based program selected, additional components addressing these subjects will need to be added to the program model. These additions must be medically accurate and fidelity to the original evidence-based program model is strongly encouraged.

### **Medical Accuracy and Program Fidelity:**

When a full program model is being replicated with fidelity, adaptations to the program should be minimal, such as revising details in a role play, updating out-dated statistics, adjusting reading and comprehension levels, making activities more interactive or tailoring learning activities and instructional methods to youth culture or development level. In some cases, more significant adaptations may be needed, such as adding components to address the additional adult preparation components of PREP or ensuring that both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections are adequately addressed in a program. Sub-awardees also may choose to add on components related to pregnancy prevention and prevention of sexually transmitted infections. Any component that is added onto an evidence-based program must be well-integrated into the program and should not alter the core components of the evidence-based program model.

Programs supported with these funds must also be medically accurate. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete. **As a condition of receiving a grant under this announcement, an applicant must certify that “the materials and instruction used will follow the Department of Health and Human Services definition of medical accuracy.” Applicants will agree to this by signing the coversheet found on page 10 of this funding announcement.**